

# Rate Sheets 2022-2023

## TRS MEDICAL INSURANCE

### 12 Pay Rates- Professional & Paraprofessional

Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee Only	\$10	\$22	\$115	\$613	\$143.35
Employee + Spouse	\$757	\$787	\$859	\$2,002	\$964.92
Employee + Children	\$338	\$357	\$429	\$1,107	\$473.57
Employee + Family	\$984	\$1,019	\$1,184	\$2,441	\$1,170.98

### 24 Pay Rates - Facilities Services & Operations

Employee Only	\$5.00	\$11	\$57.50	\$306.50	\$71.68
Employee + Spouse	\$378.50	\$393.50	\$429.50	\$1,001	\$482.46
Employee + Children	\$169	\$178.50	\$214.50	\$553.50	\$236.79
Employee + Family	\$492	\$509.50	\$592.00	\$1,220.50	\$585.49

### 17 Pay Rates - Food Service & CAO's

Employee Only	\$7.06	\$15.53	\$81.18	\$432.71	\$101.19
Employee + Spouse	\$534.35	\$555.53	\$606.35	\$1,413.18	\$681.12
Employee + Children	\$238.59	\$252.00	\$302.82	\$781.41	\$334.28
Employee + Family	\$694.59	\$719.29	\$835.76	\$1,723.06	\$826.57

### Split Rates (Employee + Family)

	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	Active Care 2	Scott & White HMO
Employee + Family	\$292	\$309.50	\$392.00	\$1,020.50	\$385.49

*Employee works for Irving ISD and their spouse works at another school district offering TRS-ActiveCare Medical.*

### Pooled Rates (Employee + Family)

Employee + Family	\$584	\$619	\$784.00	\$2,041	\$770.98
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*Both employee and their spouse work for Irving ISD.*

#### FSA Maximum Contribution

Healthcare	\$2,850.00
Dependent Care	\$5,000.00

#### HSA Maximum Contribution

Individual	\$3,650.00
Family	\$7,300.00

# Rate Sheets

TELEHEALTH			
Full Family Coverage is available at no cost for full-time employees that enroll in ActiveCare Primary and ActiveCare -HD or waive medical.			
VISION			
\$125 frame allowance or \$130 contact lens allowance. Exam/Lenses/Contacts: 12 months and Frames 12 months.			
Employee Only			\$7.98
Employee + Spouse			\$15.76
Employee + Children			\$15.44
Employee + Family			\$23.50
DENTAL			
High PPO			
Calendar year maximum of: \$1,500 per insured person. Calendar year maximum of: \$3,000 for implants per insured person.			
Tier	12 Pay Rates	24 Pay Rates	17 Pay Rates
Emp Only	\$36.33	\$18.17	\$25.64
Emp + Spouse	\$62.19	\$31.10	\$43.90
Emp + Children	\$86.55	\$43.28	\$61.09
Emp + Family	\$121.80	\$60.90	\$85.98
Low MAC Plan			
Calendar year maximum of: \$750 per insured person.			
Tier	12 Pay Rates	24 Pay Rates	17 Pay Rates
Emp Only	\$24.93	\$12.47	\$17.60
Emp + Spouse	\$42.75	\$21.38	\$30.18
Emp + Children	\$59.47	\$29.74	\$41.98
Emp + Family	\$83.68	\$41.84	\$59.07
DHMO			
Participant must choose an in-network primary care dentist.			
Tier	12 Pay Rates	24 Pay Rates	17 Pay Rates
Emp Only	\$15.56	\$7.78	\$10.98
Emp + Spouse	\$31.12	\$15.56	\$20.74
Emp + Children	\$39.84	\$19.92	\$26.56
Emp + Family	\$43.74	\$21.87	\$29.16

# Rate Sheets

## LONG TERM DISABILITY

Guarantee Issue open enrollment every year.  
 Waiver of elimination period upon hospital confinement with 30/30 elimination or less.  
 Pregnancy covered same as any illness.  
 Can elect up to 66 2/3% of salary to a max of \$8,000.

Plan A Ages 30-34 Elimination Period	(Pays to Age 65) Rates p/\$500
0/7	\$14.50
14/14	\$10.95
30/30	\$6.85
60/60	\$3.95

## CANCER

Two base plan Options with different benefit amounts.  
 12 Month Pre-existing condition limitation.  
 Intensive Care Unit Rider

### Low Option Rates:

Individual	\$14.20
1 Parent Family	\$20.01
Family	\$25.60

### Low Option w/ ICU Rider Rates:

Individual	\$17.50
1 Parent Family	\$24.60
Family	\$32.50

### High Option Rates:

Individual	\$27.40
1 Parent Family	\$38.50
Family	\$49.20

### High Option w/ ICU Rider Rates:

Individual	\$30.70
1 Parent Family	\$43.00
Family	\$56.10

## VOLUNTARY LIFE

Employee Guarantee Issue: \$250,000 or 5x Salary  
 Spouse Guarantee Issue: \$50,000  
 Child Guarantee Issue: \$10,000

Employee Rates p/\$10,000		Spouse Rates p/\$5,000	
Under 30	\$0.40	Under 30	\$0.20
30-34	\$0.55	30-34	\$0.28
35-39	\$0.60	35-39	\$0.30
40-44	\$1.00	40-44	\$0.50
45-49	\$1.60	45-49	\$0.80
50-54	\$2.50	50-54	\$1.25
55-59	\$4.80	55-59	\$2.40
60-64	\$6.90	60-64	\$3.45
65-69	\$11.60	65-69	\$5.80
70-74	\$18.20	70-74	N/A
75-79	\$28.80	75-79	N/A
80+	\$39.50	80+	N/A

### Child Rates

Per \$5,000 \$1.25

## VOLUNTARY AD&D

Cost per \$10,000

Employee Only	\$0.17
Employee + Spouse	\$0.25
Employee + Children	\$0.28
Employee + Family	\$0.32

## MEDICAL SUPPLEMENT-

## HOSPITAL INDEMNITY PLAN

Two Plan Options: \$1,500 and \$2,500

Tier	\$1,500	\$2,500
Employee Only	\$17.42	\$34.38
Employee + Spouse	\$30.88	\$61.02
Employee + Children	\$28.58	\$56.54
Employee + Family	\$42.04	\$83.18